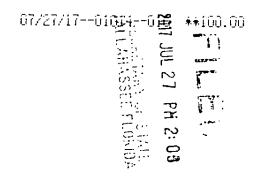
## L15000024791

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## **COVER LETTER**

TO: Re Div	gistration Se vision of Cor	ction , porations					
SUBJECT:	SUMMIT TRAVEL LLC						
3015/LC1.		Name of Limited Liability Company					
		Amendment and fee(s) are sub	-				
ricase retur	n an correspo	DARIO PERETTI	to the tonowing.				
			Name of Person				
		GREEN LIFE PROJECTS LLC Firm/Company					
		14341 SW 120TH ST SUITE 103 Address					
		MIAMI, FL 33186  City/State and Zip Code					
		E-mail address: (	to be used for future annual report notifi	ication)			
For further i	information co	oncerning this matter, please co	alt:				
CYNTHIA	PERETTI		305 909-3080				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
<b>S</b> 25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMIT TRAVEL LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000024791	were filed on MARCH 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75 E
(Principal office address MUST BE A STREET ADDRESS)		2
Enter new mailing address, if applicable:		THE RESERVE
(Mailing address MAY BE A POST OFFICE BOX)		2: <b>0</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	#31 * h .	
<del></del>	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SEBASTIAN R PARETS	14341 SW 120TH ST SUITE 103	
		MIAMI, FL 33186	Add  Remove
MGRM	EDUARDO BENEDETTI		□ Change
		14341 SW 120TH ST SUITE 103	
		MIAMI, FL 33186	⊟ Remove
			Change
<del></del>			
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			O Add
			2017e PH 2: 00 Remove
			Change

	<del> </del>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ated	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00